MHA Motion

*A quarterly publication of the **Maryland Department of Health and Mental Hygiene**, Mental Hygiene Administration*

Volume 1 Issue 3 Spring 2010

A Message from the Executive Director:

Brian Hepburn

It may be an obvious parallel yet Maryland has weathered its fair share of storms lately, both literally and figuratively.

Never has Central Maryland seen the amount of snow we experienced this past winter. Even though life crawled to a halt during the twin blizzards in early February, it was business as usual at the MHA facilities. Although some employees were not able to work their shifts, others did whatever was necessary to get to – and stay at – work. Some walked a half-mile or more though howling winds and waist-high snow. Others brought with them additional clothes, prepared to stay as long as necessary. And still more people worked in extremely difficult circumstances – with at times failing equipment – to keep the roads on our various campuses navigable. A huge ***thank you and job well done*** to all who made this possible!

In the figurative sense, our great state continues to meet the challenges imposed by an economic storm, the likes of which most of us have never witnessed. There is no question we have faced some demanding and difficult decisions. Many have been asked to do more with less. At the time of this writing, our elected officials continue to make tough budget decisions so I cannot say there won't be more. Yet thus far, we continue to move forward and provide the needed services to our consumers, and we will continue to persevere. And to this I offer my heartfelt thanks to everyone in Maryland's Public Mental Health System

Brian Hepburn, M.D.
Executive Director

Let It Snow – Really?

Those who push the buttons that control our weather must really have heard the pleading words from the seasonal song, "Let it Snow, Let it Snow, Let it Snow," because It Did, and It Did, and It Did. Their hearing was so acute, Central Maryland endured a record-smashing winter that saw nearly four times the annual accumulation.

And while that was met with joy from school kids who were able to stay home and veg out, that is never the case for those who work in our MHA facilities. Like any

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On the Inside

Let It Snow – Really? *Continued*

other hospital, each MHA campus is in operation 24 hours a day, seven days a week, 52 weeks a year. Mother Nature is but a mere inconvenience.

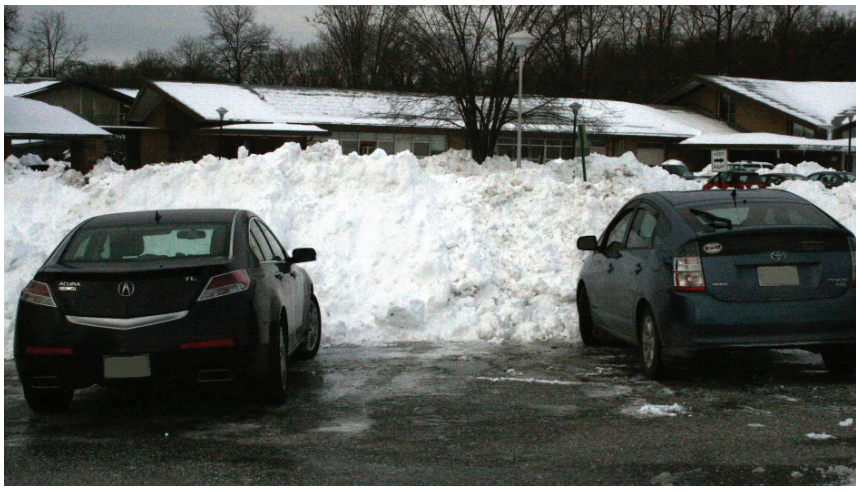
At least that is the mindset adopted by those who work at the facilities. And even with 50 inches of the white stuff spread out over two storms within a one-week period, the facilities stayed open, taking care of the patients entrusted to their care.

That is not to say it was problem-free along the way, or that everybody made it to work. That is rarely feasible in the conditions we experienced. Yet it is always in those special instances where people huddle up, determined to do whatever is necessary to keep things running. And the twin February blizzards of 2010 were no exception.

A special camaraderie developed among the employees. They showed up with a change of clothes, realizing they were going to have to stay at the job site. They slept on cots in offices or wherever there was extra space. They brought additional food to share with their co-workers. Some were ushered to work in four-wheel drive vehicles; others trudged to work on foot, walking at times in snow nearly up to their waists, enduring biting, blowing winds all the way. Many walked a half mile or more; one walked from downtown Baltimore to Spring Grove.

And there are those who tried to get to work yet were not always successful. One employee arranged to stay with a friend so he would be closer to work. While walking to his campus, he was stopped and ordered by a Baltimore County police officer to go back to where he was staying.

There were trips to local grocery stores, so enough food would be on hand to feed the patients. Maintenance workers battled – sometimes around the clock – to keep the campus roads open and navigable. Dieticians prepared meal after meal so



On the day before the second blizzard, banks of plowed snow taller than cars greeted commuters at Spring Grove Hospital Center.

the patients – and staff – would stay well fed. Even though it was not a part of their normal job responsibilities, many staff members pitched in to do the work of others who could not make it. Tasks ranged from routine housekeeping duties to shoveling pathways and service entrances.

The campuses also had unusual circumstances to deal with. Snow removal equipment at Spring Grove broke down, making it tough to keep the roads open. Yet food still had to be prepared and delivered to the various cottages and dining areas. There was one point when the state vehicles could not be used to deliver the food, so one of the drivers used his personal four-wheel-drive vehicle to transport the food.

RICA-Baltimore endured downed power and telephone lines, and a nearby fire – caused by fallen trees on power lines.

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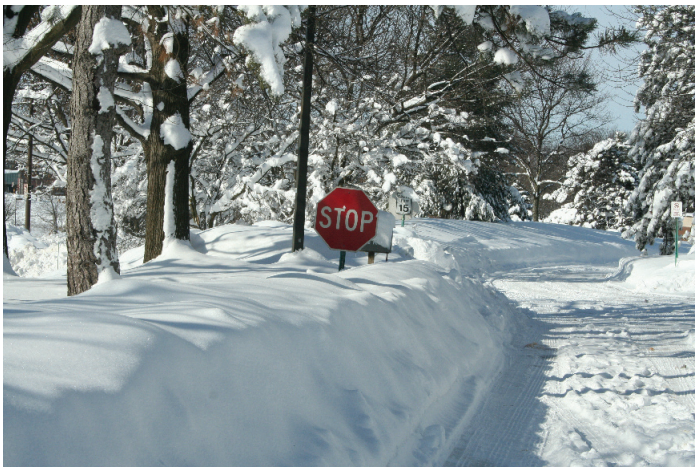
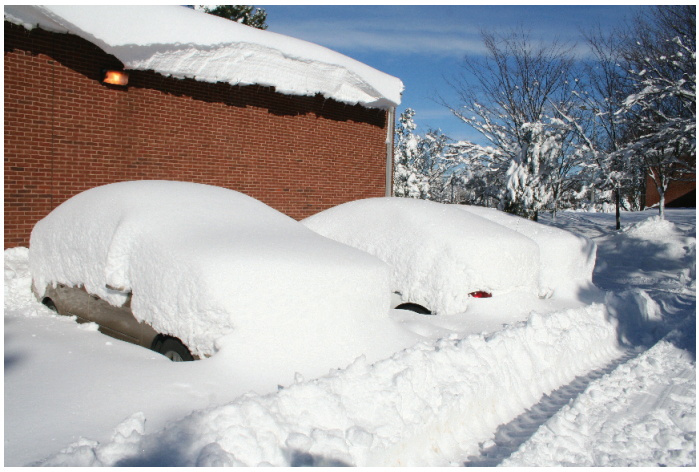
After the first February storm, picnic tables were nearly covered by snow accumulation at the Spring Grove Hospital Center.

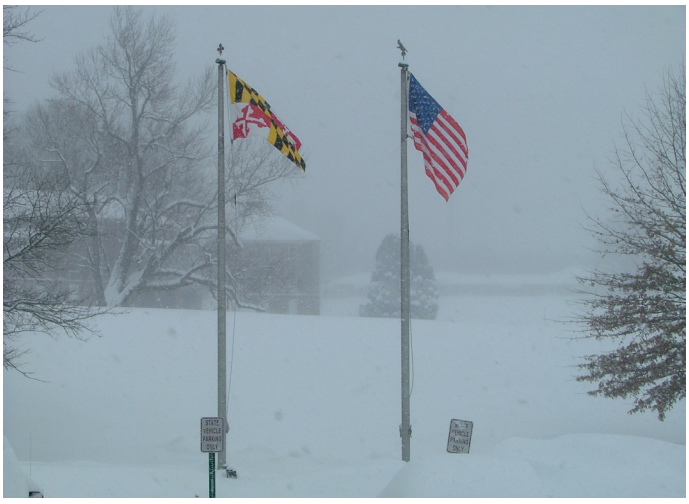
Snow and icicles decorated the roof of Cottage Two at RICA-Gildner.



Mother Nature agreed to stop, before the pleading sign was completely covered.



The sky may have been blue yet these cars at RICA-Gildner were going nowhere.



Even though the flags were visible, blizzard conditions nearly hid a Springfield Hospital Center building.

The ensuing response by the fire department caused the closure of Chapelgate Lane, the access road to the campus. Meanwhile campus personnel communicated with the outside world via one emergency cell phone. Generators provided heat and some lighting to the campus.

And at RICA-Gildner in Rockville, the students pitched in to help shovel the snow from the sidewalks and fire exits – and were compensated through the RICA Association. The Gildner campus also lost power – a problem that was exacerbated by a middle-of-the-night failure of a generator that served a residential cottage and the kitchen. It was a no harm, no foul situation however, since the residents slept through the outage not even knowing things were dark. Plans to serve a cold meal in the morning were discarded as power was restored in time to prepare breakfast.

The Springfield Hospital Center was even impacted by an external issue – when a fire station across Route 32 from the campus caught fire, the result of a roof collapse due to the weight of the snow. This caused the route to be closed for one morning, making it impossible for staff to reach the campus. Many parked their cars in gas stations or other convenient areas, waiting for the road to reopen, so they could continue their commute to work.

These are but a few of the stories that arose from the events of February 2010. And even though the snows are gone and spring flowers are blooming, these sagas will live on for many years in the minds of those who experienced them. And whereas many may think of it as business as usual, those who made the extra effort

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Learning Collaborative to Focus on Children with Mental Illness

Maryland is the lead in a three-state partnership that will develop a quality improvement learning collaborative to focus on a specialized approach for children and youth with mental health conditions.

This $11 million, five-year grant was awarded in late February to DHMH by the federal Department of Health and Human Services. The state will partner with Georgia and Wyoming, along with the non-profit Center for Health Care Strategies, to implement and/or expand a Care Management Entity (CME) provider model designed to improve the quality and cost of care for children with serious behavioral health disorders who are in Medicaid or SCHIP.

"Maryland is very pleased to take a leading role in this critically important quality demonstration grant," said Renata Henry, DHMH deputy secretary for Behavioral Health and Disabilities. "In collaboration with the Center for Health Care Strategies and our colleagues in Georgia and Wyoming, we expect to increase our knowledge and substantially improve outcomes for young people with mental health problems."

State officials in the department's Mental Hygiene Administration (MHA) will create a coordinated system out of currently fragmented services for this historically high-utilizing population. Children and youth with complex behavioral challenges, often involved in multiple service systems, will experience coordinated, individualized, culturally competent and efficient care.

"This grant will allow us to expand access to home- and community-based services and peer supports," said MHA Executive Director Dr. Brian Hepburn. "Clinical and functional outcomes will be improved, inappropriate and costly use of psychiatric hospitals will be reduced, as will residential treatment and therapeutic group care."

The state will use previously-awarded Psychiatric Residential Treatment Facilities (PRTF) Demonstration Waiver Projects to explore how the CME structure can meet the needs of the demonstration project participants. By doing so, MHA officials will gain additional knowledge of how to serve youth in their homes and communities, instead of institutional settings. Other high-utilizing Medicaid youth populations

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Let it Snow

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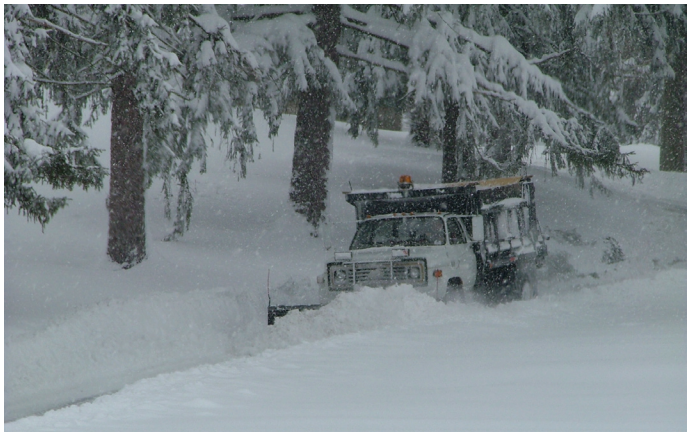
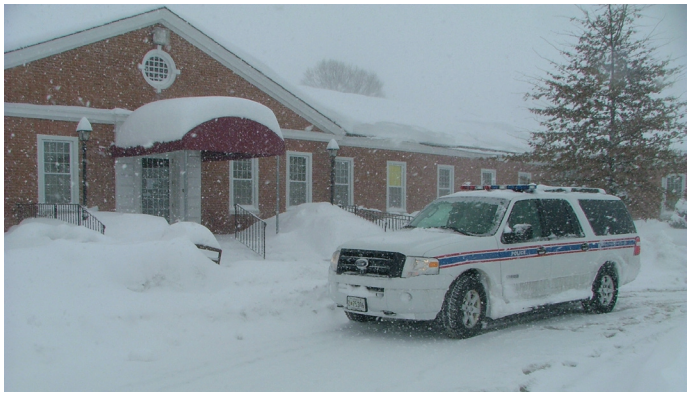


At times, snow plows worked around the clock to keep the roads open at the Springfield Hospital Center.

to get to work – to help those in need – will have extra special memories to share with their families and friends.

Editor's Note: *It is next to impossible to recognize by name everyone who is chronicled in this story. There were so many of you – and no doubt countless others whose good deeds did not make it to my desk. So rather than include some names and miss others, I have chosen to forego names and relate some of the general details of which I am aware. Thanks to all who made this story possible – especially those snow angels who braved the elements to create some legends. Thanks also to those who submitted the pictures that accompany this article.*



Even during the height of the storm, Springfield Hospital Police were at the ready.

Learning Collaborative to Focus on Children

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will be served by the CMEs, such as children in child welfare group care and youth diverted from the juvenile justice system.

Maryland and Georgia will expand their current use of CMEs; Wyoming will initiate use of the model. The three-state partnership provides the opportunity to test the model with high utilizing populations of children and youth in these three diverse states, with the aim to develop valuable evidence for other states across the country.

Even though Maryland, Georgia and Wyoming represent a wide range of geographic areas and Medicaid structures, they share common goals in pursuing this, such as the desire to improve access to appropriate services, reduce the unnecessary use of restrictive and costly services, improve clinical and functional outcomes for children and youth with serious mental illness, and build resiliency in youth and families.

Report on Adult Suicide Prevention is Forwarded to Governor's Commission

A report on Adult and Older Adult suicide, nearly a year in the making, was sent to the newly-constituted Governor's Commission on Suicide Prevention by MHA in January. MHA had formed a workgroup in March 2009 to study the issue and develop recommendations.

During its research the group learned that there were nearly 500 deaths in Maryland in 2008 attributed to "intentional self harm," or suicide. Of those 471 were among the adult and older adult populations.

Before developing recommendations, the committee reviewed several significant documents and reports for guidance. It then identified strengths and gaps in current services. Some of the strengths included availability of 24-hour crisis warm/hotlines and the existence of a variety of mobile crisis programs. Among the gaps was the lack of a statewide comprehensive, integrated approach to address adult suicide prevention. In addition, inconsistencies exist in data reporting within locales, and legal and or ethical issues can often impact the ability to gather accurate data on suicides or suicide attempts.

The October announcement of the Governor's commission fulfilled a recommendation already developed by the committee.

Other recommendations included a review of efforts underway in other states to lower the number of adult and older adult suicides, an increased emphasis on in-service suicide prevention training and education to agencies that serve adults and older adults, training initiatives for primary care providers to enhance their ability to recognize signs of depression, and creation of suicide prevention public awareness campaigns that involve all sectors of society.

Additionally, the committee recommended the development of an anti-stigma campaign to preserve people's dignity, an infusion of cultural competence throughout suicide prevention services, a strengthening of the state's capacity to respond to crises, and the implementation of a follow-up program for those seen in hospital emergency departments for suicidal ideation and or gestures.

The committee noted several technology-based recommendations, including the development of a Web site and the use of other technologies to reach and respond to at-risk adults, formulation of databases, and creation of a state-wide system of 'real time' data collection.

The committee was chaired by James Chambers, MHA director of Adult Services. Members included Charles F. Bond, Prince Georges County Crisis Response System; Linda Fauntleroy, Baltimore Crisis Response Incorporated; John Hammond, Mental Hygiene Administration; Marie Ickrath, Baltimore Mental Health Systems Incorporated; Naomi C. Kabasela, Threshold Services, Rockville Md.; Sharon Lipford, Harford County Office on Mental Health; James Macgill, Consultant, Mental Health Transformation Team; Marge Mulcare, Mental Hygiene Administration; Allison Paladino, Baltimore County Crisis Response System; Robert Pender, Governor's Advisory Council on Mental Health; and Cindy Pixton, Key Point Health Services.

Annual Consumer Perception of Care Survey is Released

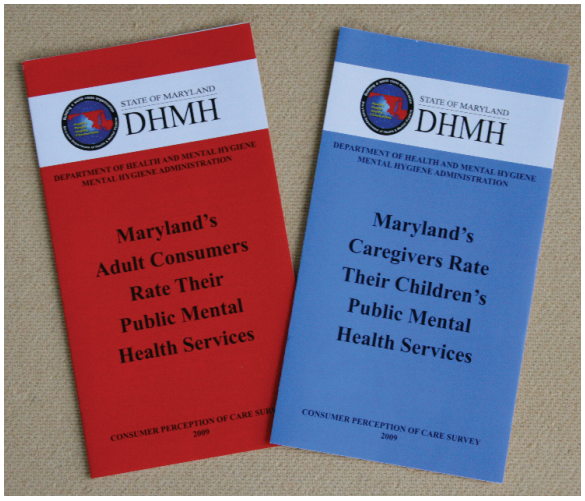
More than 85 percent of survey respondents who received outpatient services through Maryland's Public Mental Health System (PMHS) in 2008 were satisfied with the care they received, according to the MHA's 2009 Consumer Perception of Care Survey.

Just over 86 percent of adults and 85.6 percent of caregivers of children agreed or strongly agreed with the statement, "Overall, I am satisfied with the mental health services I/my child received."

Among the adult population, an analysis of the results between those respondents who are employed and those who are not showed the employed shared a higher level of agreement with 12 of 16 outcome statements than did those without a job.

For instance, those who are employed strongly agreed or agreed that they deal more effectively with daily problems, are better able to control their lives, deal better with crisis, and do better in social situations. They also reported getting along better with their families.

Among those who provide care for children under age 16, nearly 88 percent strongly agreed or agreed with the statement, "I helped choose my child's services." More than 88 percent agreed or strongly agreed with the statements, "I helped choose my child's treatment goals" and "I felt my child had someone to talk to when he/she was troubled." Nearly 96 percent felt that they participated in their child's treatment.



These Consumer Perception of Care Survey brochures are available on-line or by contacting MHA.

REDA International of Silver Spring, acting as a subcontractor for MAPS-MD, conducted telephone interviews and collected the survey data. MAPS-MD performed data analysis and documented the findings. The service was performed as a part of the MHA contract with MAPS-MD of APS Healthcare, Inc. to provide various administrative services for the PMHS.

Of the 2,929 adults successfully contacted to request participation in the survey, 814 completed the telephone interview. A total of 2,965 caregivers were successfully contacted to request participation in the child and family survey, and 1,007 completed the telephone interview.

This is the ninth annual survey conducted since the inception of the PMHS. The complete survey may be found on the MHA Web site by clicking on the 2009 documents located at http://www.dhmh.state.md.us/mha/satisfactionoutcomesurvey.html

Editor's Note: *Thanks to Sharon Olhaver for her assistance with this article.*

Upper Shore Community Mental Health Center Closes On Schedule

The last of 63 consumers at the Upper Shore Community Mental Health Center was discharged on February 24, enabling the facility to close on schedule. The February 28 closure brought an end to the 28 years of service the Chestertown facility provided for Maryland residents. It had been operating as a part of the Eastern Shore Hospital Center located in Cambridge.

Upper Shore had two units – one serving individuals with a diagnosis of mental illness only, and one serving individuals with a dual diagnosis of mental illness and substance abuse. There were 34 individuals who were inpatients when the closure process began in October. An additional 29 individuals were admitted between October and January, at which point new admissions were halted. Thirty-three inpatients received community placements, including home, substance abuse halfway houses, and long term care with mental health supports. The remaining 30 were discharged to mental health placements including residential rehabilitation beds, other state hospitals and assisted living programs.

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Upper Shore *Continued*

Following the closure, and in order to assure that sufficient mental health services were available in the community, an additional $3 million were made available to expand services. The Mid-Shore Mental Health System, which took the lead in this process, (1) made certain the services met needs identified by stakeholders, (2) bid out the services to find suitable providers and (3) made certain they opened on time.

The Whitsitt Center, a residential substance abuse program that also serves dually diagnosed individuals, expanded by 16 beds and opened four new mental health crisis beds. Through the efforts of its director, Carol Wise, the center's program has expanded to accept a co-occurring population and has hired 15 former Upper Shore employees. The facility previously shared building space with Upper Shore – and has expanded into space made vacant by the closure of Upper Shore.

An Eastern Shore Operations Center opened on March 1, and three new Mobile Crisis Teams are available throughout the Shore. Twelve new residential rehab beds were filled by individuals discharged from Upper Shore and Eastern Shore Hospitals. New urgent care clinics opened in February, and a second Wellness and Recovery Center operated by a peer support group has opened in Chestertown. A 120 hour peer support training program is being offered in the area to increase the number of peer support specialists.

As with any closure, one of the most difficult issues is the loss of jobs for the dedicated staff. The majority of the 85 employees impacted by the closure located jobs elsewhere, either with DHMH, at the Whitsitt Center, or with other local providers. DHMH is continuing to help find work for 22 people who had not found other employment at the time of closure.

We would like to offer our thanks to Mary Kay Noren, CEO of the Upper Shore and Eastern Shore Hospitals, for her hard work in closing the facility. Kudos go to Carol Masden, Director of Social Work, who tracked the consumers, found appropriate placements and reported successes to us every week. Thanks also to Joe Newell, Holly Ireland and Nancy Fauntleroy of the Mid-Shore Mental Health Systems who worked to create a much stronger community service system in the region. And lastly, thanks to the many dedicated employees of the Upper Shore for the excellent care that they provided to the inpatients at the hospital.

Editor's Note: This article was written by Arlene Stephenson, with assistance from Mary Sheperd.

See You on May 1!

Don't forget to support those with mental illness by walking in the **Annual NAMI Maryland *NAMIWalks for the Minds of America.***

Two walks are scheduled this year, both on **Saturday, May 1**.

The day will kick off with a walk in Baltimore's Druid Hill Park at 9:00 a.m. Registration starts at 8:00 a.m.

The scene will shift to the campus of the University of Maryland College Park for an 11:30 a.m. walk. Registration at this site begins at 10:00 a.m.

Each walk is between a mile-and-a-half and two miles.

The ***NAMIWalks*** are part of a nationwide fundraising and mental health awareness program that helps to kick off the May recognition of **National Mental Health Month**. The walks offer a perfect setting for consumer and family advocates to engage in a community-wide conversation about the truths of mental illness and recovery, while providing a great opportunity to dispel myths often associated with mental illness.

Log on to the walk Web site at www.nami.org/namiwalks/md for more information or contact NAMI Maryland at 410.884.8691.

SAVE THE DATE!!

Mind/Body Health: *Stress*

We've probably all felt stress. Sometimes it's brief and highly situational, like being in heavy traffic.

Other times, it's more persistent and complex – relationship problems, an ailing family member, a spouse's death. And sometimes, stress can motivate us to accomplish certain tasks.

Dangerous Stress

Stress becomes dangerous when it interferes with your ability to live a normal life for an extended period of time. You may feel "out of control" and have no idea of what to do, even if the cause is relatively minor.

This in turn, may cause you to feel continually fatigued, unable to concentrate, or irritable in otherwise relaxed situations. Prolonged stress may also compound any emotional problems stemming from sudden events such as traumatic experiences in your past, and increased thoughts of suicide.

Natural reactions

Stress can also affect your physical health because of the human body's built-in response mechanisms. You may have found yourself sweating at the thought of an important date, or felt your heartbeat pick up while watching a scary movie. These reactions are caused by hormones that scientists believe helped our ancestors cope with the threats and uncertainties of their world.

If the cause of your stress is temporary, the physical effects are usually short-term as well. In one study, the pressure of taking exams led to increased severity of acne among college students, regardless of how they ate or slept. The condition diminished after exams were over. Abdominal pain and irregularity have also been linked to situational stress.

The longer your mind feels stressed, however, the longer your physical reaction systems remain activated.

This can lead to more serious health issues.

Physical wear and tear

The old saying that stress "ages" a person faster than normal was recently verified in a study of women who had spent many years caring for severely ill and disabled children. Because their bodies were no longer able to fully regenerate blood cells, these women were found to be physically a decade older than their chronological age.

Extended reactions to stress can alter the body's immune system in ways that are associated with other "aging" conditions such as frailty, functional decline, cardiovascular disease, osteoporosis, inflammatory arthritis, type 2 Diabetes, and certain cancers.

Research also suggests that stress impairs the brain's ability to block certain toxins and other large, potentially harmful molecules. This condition is also common to patients suffering from Alzheimer's disease.

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Pressure points

Although sudden emotional stress has been linked to severe heart dysfunction in otherwise healthy people, scientists are uncertain whether chronic stress alone causes cardiovascular disease. What is clear is that excessive stress can worsen existing risk factors such as hypertension and high cholesterol levels. Studies also show that people who are quick to anger or who display frequent hostility — a behavior common to those under stress — have an increased risk of crying fits and even heart disease.

accompany stress can easily worsen into chronic depression, a condition that can lead you to neglect good diet and activity habits. This, in turn, can put you at a greater risk for heart disease, obesity, and kidney dysfunction.

Stress can also complicate your ability to recover from a serious illness. A Swedish study found that women who have suffered heart attacks tend to have poorer chances of recovery if they are also experiencing marital stressors such as infidelity, alcohol abuse, and a

spouse's physical or psychiatric illness. On the other hand, stress management training is a proven method for helping to speed recovery following a heart attack.

What you can do

Learning to deal with stress effectively is a worthwhile effort, even if you already consider yourself capable of handling anything life sends your way.

Many of the most common long-term stressors – family illness, recovery after injury, career pressures – often arise without warning and simultaneously. Stress management is particularly valuable if your family has a history of hypertension and other forms of heart disease.

Identify the cause. You may find that your stress arises from something that's easy to correct. A psychologist can help you define and analyze these stressors, and develop action plans for dealing with them.

Monitor your moods. If you feel stressed during the day, write down what caused it along with your thoughts and moods. Again, you may find the cause to be less serious than you first thought.

Make time for yourself at least two or three times a week. Even ten minutes a day of "personal time" can help refresh your mental outlook and slow down your body's stress response systems.

Turn off the phone, spend time alone in your room, exercise, or meditate to your favorite music. Walk away when you're angry. Before you react, take time to mentally regroup by counting to 10. Then look at the situation again. Walking or other physical activities will also help you work off steam.

Analyze your schedule. Assess your priorities and delegate whatever tasks you can (e.g., order out dinner after a busy day, share household responsibilities). Eliminate tasks that are "shoulds" but not "musts."

Set reasonable standards for yourself and others. Don't expect perfection.

The American Psychological Association Practice Directorate gratefully acknowledges the assistance of Sara Weiss, Ph.D., and Nancy Molitor, Ph.D., in developing this fact sheet.

Editor's Note: *Thanks to Pat Miedusiewski, DHMH State Program Coordinator for Co-Occuring Disorders, for fowarding this article.*